

05-12-08

1636

PTO/SB/17 (10-07)
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Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	120.00
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Complete if Known	
Application Number	09/869,098-Conf. #9857
Filing Date	September 20, 2001
First Named Inventor	Shigeru Igaki
Examiner Name	G. G. Leffers
Art Unit	1636
Attorney Docket No.	56000(46342)

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 04-1105
 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
1 - 20 = x = _____ Fee (\$) Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
2 - 3 = x = _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00
	Fees Paid (\$)

SUBMITTED BY

Signature	<i>Kathryn A. Piffat</i>	Registration No. (Attorney/Agent)	34,901	Telephone	(617) 517-5516
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.	Date	May 9, 2008		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 970591587 US, on the date shown below in an envelope addressed to:
 MS Amendment, Commissioner for Patents, P.O. Box 14507 Alexandria, VA 22313-7450.

Dated: May 9, 2008 Signature: *Alma J. Woodberry* (Alma J. Woodberry)

BOS2 672949.1



Application No. (if known): 09/869,098

Attorney Docket No.: 56000(46342)

Certificate of Express Mailing Under 37 CFR 1.10

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Alma J. Woodberry

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(617) 239-0100

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Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Amendment Transmittal (1 page in Duplicate)
Amendment in Response (11 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Return Receipt Postcard
Charge \$120.00 to deposit account 04-1105



AMENDMENT TRANSMITTAL LETTER				Docket No. 56000(46342)	
Application No. 09/869,098-Conf. #9857		Filing Date September 20, 2001		Examiner G. G. Leffers	
Art Unit 1636					
Applicant(s): Shigeru Igaki et al.					
Invention: UCP-2 PROMOTER AND USE THEREOF					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Kathryn A. Pittat, Ph.D., Esq. Attorney/Agent Reg. No.: 34,901				Dated: <u>May 9, 2008</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5516					
<small>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 970591587 US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</small>					
Dated: May 9, 2008		Signature: (Alma J. Woodberry)			